(b) the steps taken or proposed to ensure that all the children upto the age of five are covered by the Programme in the State so as to eradicate this disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) All communities are generally cooperating with the staff deputed for immunization. However, there are some families that are not reached for the following reasons:—

- Locked houses
- Migration
- Unwillingness to immunize due to personal reasons
- Misconceptions, lack of understanding of why repeated doses are required.

Data available with District administrations are being used to reach unreached families and all efforts are being made to mobilize and convince these families regarding the importance and urgency of immunizing every child under-5 during every single Polio Sunday (polio immunization day).

(b) Sustained and consistent efforts are being taken to mobilize all communities through local State and national efforts. At the national level mass media is being used extensively both through Government and partner agencies' efforts. At the State level the Government is fully geared up to plan and organize national and supplementary immunization activities; at the district level social mobilization coordinators are constantly on the move to provide information to families, convince them about why repeated immunization of under-5s is necessary, strengthen partnerships for polio eradication and mobilize all communities to meet the national goal. The District Task Forces have been set up under the chairmanship of the District collectors to plan, implement and monitor all pulse polio immunization activities.

Patients without access to doctors

786. SHRI PRASANTA CHATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether World Bank, in the report under 'Poverty Net', has

described poverty, amongst others, as no capacity to attend a physician at the time of necessity;

(b) if so, the number of such patients; and

(c) the steps Government propose to initiate to cover all poor people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The World Bank do not have any report by the title 'Poverty Net.' However, according to NSSO (52nd round), 24% and 21% of the population could not get their ailment treated in rural and urban areas respectively on account of financial problems.

(c) The main objective of the Government's health policy is to achieve an acceptable standard of good health amongst the general population of the country by adopting the approach of increasing access to the decentralised public health system, by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. Overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. Health being a State subject, State Governments are primarily responsible for providing health facilities to the people. Each State Government seeks to achieve better health care for its people through a variety of measures including, the implementation of several national health programmes, establishment of a comprehensive network of rural health infrastructure, renovation and modernization of health infrastructure and augmentation of medical manpower, particularly in rural areas.

Free health care services are provided to the poor. Medicines are generally provided free of cost to the in-patients in the Government hospitals and under various health programmes, which are under implementation for control of major diseases like Malaria, TB, Blindness, Leprosy and AIDS. In order to ensure availability of drugs at reasonable prices, the Government has been promulgating the Drugs (Prices Control) Order under the Essential Commodities Act, 1955 from time to time.

Under Pradhan Mantri Gramodaya Yojana, Additional Central Assistance is provided to States /UTs to further the goal of primary health care, through strengthening and improving the functional status of the primary health care institutions.

To enable easy access of our less advantaged citizens to good health services, and to offer health protection of some choice, a community based universal health insurance scheme has been designed in which the Government would contribute Rs. 100 per year towards the annual premium, so as to ensure the affordability of the scheme to families living below the poverty line.

The National Health Policy 2002 envisages increasing public health investment to 2% of GDP by the year 2010 from the existing level of 0.9%. Therein, it is also proposed that State Governments would increase their expenditure on health sector to 7% of their total budget by 2005 and to 8% of the budget by 2010. The Central Government's contribution would rise from the existing level of 15% to 25% of the total public health spending by 2010. The Government is making all out efforts to increase expenditure on health as per policy, subject to the overall financial constraints.

Availability of doctors

787. SHRI SWARAJ KAUSHAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of M.B.B.S. graduates required for the present population;

(b) the number of medical graduates available; and

(c) the steps taken to meet the shortfall?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) As per Medical Council of India, total number of allopathic doctors registered till date is 6,13,099. In addition, there were 6,88,802 registered practitioners of Ayurveda, Siddha, Unani and Homoeopathy as on 1.1.2001. Thus, taking into account the number of registered doctors in all system of medicine *i.e.* Allopathy and Indian System of Medicine and Homoeopathy, the overall availability can be stated to be sufficient for the present.